

# Request for Criminal History Information

Nebraska Department of Banking and Finance

<http://www.ndbf.ne.gov>

Commerce Court  
1230 "O" Street, Suite 400  
PO Box 95006  
Lincoln, NE 68509-5006  
402-471-2171

**To:** Nebraska State Patrol  
Attn: Criminal Identification Division  
P.O. Box 94907  
Lincoln, Nebraska 68509

**Reply to:** Nebraska Department of Banking and Finance  
P.O. Box 95006  
Lincoln, Nebraska 68509-5006  
Fax: (402) 471 - 3062

Department of Banking and Finance Applicant Information:	
Name of Business at which Individual will be employed:	Legal Name of Business if Different Than Name at Left:
Business Main Office Address: (City, State, Zip)	
State Patrol Criminal History Request (Please print clearly or type)	
Date of Request:	Individual's Name: (Last, First, MI)
Other Names Used: (Aliases, Maiden Name, Prior Married Name, etc.)	
Date of Birth: (DD/MM/YYYY)	Place of Birth: (City, County, State, Country)
Last Known Address: (City, State, Country, Zip)	Social Security Number:

I, the undersigned, hereby authorize the release of any and all criminal history information maintained on me to the State of Nebraska, Department of Banking and Finance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

For the Department of Banking and Finance:

**For use by the Department of Banking and Finance only:**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date